

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	9

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

8077.23

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

10/01/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 4

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
MSHC Partners

Date

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8Mailing Address
1155 15th St NW Suite 300

Amount

4100.00

City State Zip Code
Washington DC 20005Purpose of Expenditure
walk cardCategory/
TypeOffice Sought: ☐ House State: NM
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 10803.00Disbursement For: ☐ Primary ☒ General
2008
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
William Lutz

Date

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8Mailing Address
2321 2nd St So

Amount

57.23

City State Zip Code
Arlington VA 22204Purpose of Expenditure
salaryCategory/
TypeOffice Sought: ☐ House State: NM
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 1087.38Disbursement For: ☐ Primary ☒ General
2008
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8Mailing Address
146 S Oxford Ave #1

Amount

1280.00

City State Zip Code
Los Angeles CA 90004Purpose of Expenditure
salaryCategory/
TypeOffice Sought: ☐ House State: NM
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 41929.47Disbursement For: ☐ Primary ☒ General
2008
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

5437.23

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
David Kirk

Date

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8Mailing Address
3017 Stevenson Place

Amount

560.00

City
WashingtonState
DCZip Code
20015Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

11946.16

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jesse Lifton

Date

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8Mailing Address
104 Marsh Elder Ct

Amount

800.00

City
Kiawah IslandState
SCZip Code
29455Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

8376.37

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Sisy Garcia

Date

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8Mailing Address
204 Valencia Dr NE

Amount

640.00

City
AlbuquerqueState
NMZip Code
87108Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceCalendar Year-To-Date Per Election
for Office Sought

3915.11

Disbursement For:
2008☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

2000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 4

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Miriam Tohill

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Mailing Address

3600 Wellesly NE APT F152

Amount

640.00

City

Albuquerque

State

NM

Zip Code

87107

Purpose of Expenditure

salary

Category/
Type

Office Sought:

☐

House

State: NM

Senate

☒

Senate

District: _____

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steve Pearce

Calendar Year-To-Date Per Election
for Office Sought

2176.00

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

640.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

8077.23